

POST Physical Readiness Test

Waiver Form

I, (Full Legal Name) _____, hereby certify and acknowledge that: (initial each statement)

1. I have been advised that the physical readiness test is a required part of the POST certification process for which I have applied. _____ (Initial)
2. I am fully informed of the nature and extent of the tasks required by the physical readiness test. _____ (Initial)
3. If I know of any medical or physical limitations or disabilities, that I should not participate in the physical readiness test and should notify the person giving the test. _____ (Initial)
4. I have no known medical, physical, psychological or other reasons that would prevent me from participating in the physical readiness test. _____ (Initial)
5. Do you have a disease or physical impairment which would cause work limitations or hamper you in the completion of this physical readiness test? (Check which applies) **Yes** ☐ **No** ☐
6. Are you under a Doctors care? (Check which applies) **Yes** ☐ **No** ☐

If you answered yes or have a statement based on the above questions, please explain on the back of this form and talk with the person giving the assessment test.

Therefore, in consideration for permitting the above named applicant and undersigned to participate in the physical readiness test, the undersigned hereby voluntarily releases, discharges, waives, and relinquishes any and all actions or causes of action for personal injury, property damage, or wrongful death occurring to the undersigned arising as a result of engaging or receiving instructions in the physical readiness test or any activities incidental thereto wherever or however the same may occur and for whatever period said test or instructions may continue. The undersigned does for him/herself, his/her heirs, executors, administrators, and assigns hereby release, waive, discharge, and relinquish any action or causes of action, aforesaid, which may arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage, or wrongful death against the State of Idaho, Peace Officer Standards and Training, or any of their officers, agents, employees for any said causes of action, whether the same shall arise by the negligence of any of said persons or otherwise. It is understood that the assessment is rigorous and involves both cardiovascular and musculoskeletal testing, and P.O.S.T. does not agree to insure the applicant against medical or physical injuries that may occur while participating in this assessment.

The Undersigned applicant acknowledges that he/she has read the foregoing certification, waiver and release and understands fully the contents thereof, and that he/she has been completely advised of the potential dangers incidental to engaging in the physical readiness test, and that he/she is fully aware of the legal consequences of signing this instrument.

I hereby declare that I understand these conditions and agree to them.

(Signature of Applicant)

(Witness)

(Date)

(Date)